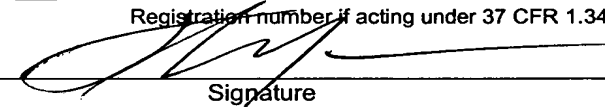
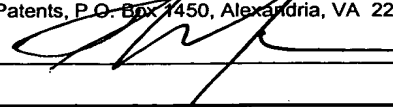


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005</b> (fees effective on or after October 1, 2004)		<b>Docket Number (Optional)</b> 28384/36668	
<b>Application Number</b> 09/640,737-Conf. #5085		<b>Filed</b> August 17, 2000	
<b>For</b> NOVEL TOOLS FOR THE DIAGNOSIS AND TREATMENT OF ALZHEIMER'S DISEASE			
<b>Art Unit</b> 1646		<b>Examiner</b> O. N. Chernyshev	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<b>Fee</b>	<b>Small Entity Fee</b>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120.00	\$60.00	\$
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450.00	\$225.00	\$
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1,020.00	\$510.00	\$ 1,020.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,590.00	\$795.00	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,160.00	\$1,080.00	\$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input checked="" type="checkbox"/> A check including the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-2855</u> . I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input type="checkbox"/> attorney or agent of record. Registration Number _____			
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>44,410</u>			
 _____ Signature		_____ December 10, 2004 Date	
_____ Thomas J. Wrona, Ph.D. Typed or printed name		_____ (312) 474-6300 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.			

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 10, 2004      Signature:  (Thomas J. Wrona, Ph.D.)